



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
EARLY CHILDHOOD EDUCATION
PO BOX 480, JEFFERSON CITY, MISSOURI 65102-0480
EARLY CHILDHOOD CHILD CARE GRANT APPLICATION

This application must be typed in full, signed and received no later than **October 10, 2006, 3:00 p.m.** in order to be considered for funding. Individually word processed applications will not be accepted. Additional copies of this form may be made.

SECTION I – PROJECT INFORMATION

DISTRICT NAME	SITE NAME	COUNTY/DISTRICT CODE _ _ _ _ - _ _ _ _	COUNTY NAME
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PLEASE COMPLETE THE MAILING ADDRESS FOR THE DISTRICT SUPERINTENDENT

SUPERINTENDENT'S NAME		STREET ADDRESS	
CITY	STATE MO	ZIP	TELEPHONE ()

PLEASE COMPLETE THE MAILING ADDRESS FOR THE GRANT CONTACT PERSON (Person responsible for program & receives correspondence)

CONTACT PERSON'S NAME		TITLE	
ORGANIZATION-ENTITY NAME		MAILING ADDRESS	
CITY	STATE MO	ZIP	TELEPHONE NUMBER ()
E-MAIL ADDRESS			FAX NUMBER

SECTION II – PROGRAM AND GRANT INFORMATION

CHECK ONE SERVICE IN WHICH GRANT FUNDS WILL APPLY <input type="checkbox"/> New Services (implementing new program) <input type="checkbox"/> Existing Services (enhancement or increase program) <input type="checkbox"/> District-Wide Enhancement for Early Childhood Programs	AMOUNT REQUESTED \$ _____
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SECTION III – STATEMENT OF ASSURANCES

The Application hereby assures the Department of Elementary and Secondary Education that:

- A. The school district will maintain such records and provide such information as may be necessary for fiscal and program auditing and will provide the Department any information it may need to carry out its responsibilities under the federal grant.
- B. The school district will comply with federal guidelines for this grant.
- C. The school district will use funds received under this grant only to supplement the level of funds that in absence of this grant would have been available from other sources and not to supplant such funds.
- D. Failure to meet the requirements set forth by this grant will forfeit eligibility to receive grant award.

The district, through its authorized representative, fully understands the Assurances and the responsibility for compliance placed upon the organization by the Assurances. The organization will refund directly to the Department any unused or misused funds. Any significant revision of the approved application will be requested in writing by the grantee prior to the enactment of the change.

SIGNATURE (Individual Responsible for Program)	PRINT NAME	TITLE	DATE
SIGNATURE (Superintendent or Authorized Representative)	PRINT NAME	TITLE	DATE
SIGNATURE (Community Partner – IF APPLICABLE)	PRINT NAME	TITLE	DATE

SECTION IV – BUDGET INFORMATION	
LEAD AGENCY	COUNTY/DISTRICT CODE
INSTRUCTIONS: 1. All figures MUST be rounded to the nearest dollar. Make certain all figures and calculations are correct. 2. Maximum grant award is \$20,000 per site, \$40,000 per district.	
A. Salaries	\$
B. Employee Benefits	\$
C. Purchased Services:	
Travel (in state)	\$
Consultant Fees and Expenses	\$
Professional Development Costs	\$
Program Improvement	\$
D. Materials and Supplies	\$
E. Capital Outlay	\$
TOTAL REQUESTED AMOUNT	\$
YOU MUST ATTACH A DETAILED/ITEMIZED DESCRIPTION FOR EACH BUDGET CATEGORY FOR FUNDS BEING REQUESTED.	
FOR DESE USE ONLY	
BUDGET AMOUNT REQUESTED	
DATE APPROVED	DESE STAFF INITIALS
COMMENTS	

**INSERT
ITEMIZED
LISTING OF
BUDGET
ITEMS
HERE**

SECTION V – ENROLLMENT INFORMATION (All information pertains to child care program for which the grant is intended)*Complete either Part A or Part B and Part C, If applicable***A. NEW CHILD CARE PROGRAM****3, 4 & 5 year old,
not yet eligible for kindergarten**

1. Estimated Number of low-income children you expect to serve at this site _____
2. Estimated Number of special needs children you expect to serve at this site _____
3. Estimated Total Enrollment _____

B. EXISTING CHILD CARE PROGRAM**3, 4 & 5 year old,
not yet eligible for kindergarten**

1. Number of low-income children currently being served _____
2. Number of special needs children currently being served _____
3. Total Number of children currently being served _____

C. ADDITIONAL CHILDREN TO BE SERVED**3, 4 & 5 year old,
not yet eligible for kindergarten**

1. Estimated Number of **additional** low-income children to be served _____
2. Estimated Number of **additional** special needs children to be served _____
3. Estimated Total Number of **additional** children to be served _____

TOTAL NUMBER OF CHILDREN TO BE SERVED: _____**SECTION VI – PROGRAM USE OF GRANT FUNDS****Check all that apply:**

- ☐ Implement a new child care program
- ☐ Increase availability of child care
- ☐ Enhance the quality of child care
- ☐ Assist in meeting licensing requirements
- ☐ Assist in meeting Early Childhood Accreditation (Missouri Accreditation or NAEYC)
- ☐ Minor remodeling
- ☐ Purchase of equipment
- ☐ Program materials
- ☐ Curriculum implementation and training
- ☐ Activities or purchases which will increase the quality of child care
- ☐ Professional Development for Preschool Staff
- ☐ Other (specify) _____

SECTION VII – PROGRAM INFORMATION

If applicable, provide the name and address of the outside agency or organization (must be not-for-profit) that administers, will administer the program:

Contact Person: _____

Organization/Entity: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

Attach a copy of the Letter of Agreement or Contract between the district and the not-for-profit agency.

SECTION VII – PROGRAM INFORMATION (Continued)

C. Will the program be located on the school site? ☐ YES ☐ NO

NAME OF SCHOOL AND ADDRESS OF ACTUAL LOCATION OF PROGRAM

NAME OF CONTACT PERSON ON SITE

TITLE

TELEPHONE NUMBER

FAX NUMBER

D. Dates services began or will begin ____ / ____ / ____

E. Hours/Days of Operation: _____

F. The program will be in session during: (check all that apply)

☐ Regular School Session ☐ Summer (non-school days) ☐ School breaks/holidays ☐ Year Round

G. The program is currently licensed by the Bureau of Child Care, Missouri Department of Health? ☐ YES ☐ NO

If yes, attach a copy of your license certificate.

H. The program currently has Missouri Accreditation? ☐ YES ☐ NO

If yes, attach a copy of your Missouri Accreditation Certificate.

I. The program currently has NAEYC (National Association for the Education of Young Children) Accreditation? ☐ YES ☐ NO

If yes, attach a copy of your NAEYC Accreditation Certificate.

J. Has the program site received a CCDF Grant (block grant) award in the past? ☐ YES ☐ NO

If yes, please check all that apply:

☐ 1992-93 ☐ 1993-94 ☐ 1994-95 ☐ 1995-96 ☐ 1996-97 ☐ 1997-98 ☐ 1998-99
☐ 1999-2000 ☐ 2000-01 ☐ 2001-02 ☐ 2002-03 ☐ 2003-04 ☐ 2004-05 ☐ 2005-06

**REPLACE THIS PAGE WITH A
COPY OF

THE APPLICATION FOR
LICENSE TO

OPERATE A GROUP CHILD
CARE HOME

OR CHILD CARE CENTER
OR

APPLICATION FOR LICENSE
REVISION**

**REPLACE
THIS PAGE
WITH A COPY
OF THE
CURRENT
CHILD CARE
LICENSE**

**REPLACE
THIS PAGE
WITH A COPY
OF YOUR
CURRENT
ACCREDITATION
CERTIFICATE
HERE**

SECTION VIII – PROGRAM NARRATIVE

A. DEFINE THE NEED

Fully explain the specific need for and interest in a **new** or **enhanced** child care program in your geographic area. Describe how this grant award will improve the quality and/or increase the availability of child care. (All information must be contained within this space, “see attached” is not acceptable.)

SECTION VIII – PROGRAM NARRATIVE (Continued)

B. COLLABORATIVE EFFORTS

What process was used to decide that there was a need? List all collaborative efforts used in planning and implementing this program. Fully explain how collaborative efforts will enhance the quality of the program. (All information must be contained within this space, "see attached" is not acceptable.)

C. PROGRAM GOALS AND OBJECTIVES

Present a concise statement describing the intended purpose, goals, and objectives of the **new** or **enhanced** program. Briefly state how the grant funds will be used to meet these goals and objectives. (All information must be contained within this space, "see attached" is not acceptable.)

SECTION VIII – PROGRAM NARRATIVE (Continued)

D. IMPLEMENTING THE PLAN

Describe how the program will be implemented and include a time line. Give special attention to community and parent involvement, publicity and recruitment. Provide a sample schedule of the daily routine and activity choices for children. Demonstrate time line and evaluation for on-going staff training and professional development. Show how this increases and/or enhances care and availability.

This section also needs to address the plans for implementing the accreditation process. The narrative needs to include a time line of activities related to the program working toward and becoming accredited. (All information must be contained within this space, “see attached” is not acceptable.)

SECTION VIII – PROGRAM NARRATIVE (Continued)

E. LONG RANGE PLANS AND EVALUATION

Describe how the program will be funded beyond the grant award period. Indicate long-range plans for fiscal viability including specific sources for funds. Please list fee schedule and scholarship guidelines. Describe how the program will be evaluated to ensure high quality. (All information must be contained within this space, “see attached” is not acceptable.)

SECTION VIII – PROGRAM NARRATIVE (Continued)

F. PLANNED FACILITIES

Describe the proposed or existing program site, including dimensions, available equipment, where the program is located in the building, and all other room accessed. (All information must be contained within this space, “see attached” is not acceptable).

SECTION VIII – PROGRAM NARRATIVE (Continued)
G. EARLY CHILDHOOD STAFF

1. In the box below, list current and/or proposed position(s), educational background, and child care experience of the staff – including the program administrator. Applicant must indicate which staff work directly with the children in the program. Attach all position descriptions including minimum qualifications and experience required.
2. Attach a **ONE PAGE** resume for program administrator/site director relating to education and experience to early childhood. **ATTACH JOB POSITION DESCRIPTIONS AND RESUMES HERE**

NAME OF STAFF	TITLE	EDUCATION BACKGROUND	NUMBER OF YEARS IN CHILD CARE	DOES STAFF WORK DIRECTLY IN THE CHILD CARE PROGRAM
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
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				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**REPLACE THIS PAGE
WITH COPIES
OF THE JOB
POSITION
DESCRIPTIONS
AND RESUMES
HERE**